



Directorate General of Nursing & Midwifery Data Collection Tool

Photo

Place of posting: _____ District: _____

General Information

BNC NurseRegistration No.:

National ID No.:

Personal Information

Full Name (English) _____
(Capital Letter)

Name (Bangla) _____

Sex (Tick) Male Female

Passport Number

Father's Name _____

Mother's Name _____

Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Day)	(Month)	(Year)			

Birth Place (District) _____

Religion (Tick)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Hi	Bu	Ch	O

I=Islam, Hi=Hindu, Bu=Buddhist, Ch=Christian, O=Others

Marital Status (Tick)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S	M	W	D	Se

S=Single, M=Married, W=Widow, D=Divorced, Se=Separated

Mobile Number

E-mail Address

Official Information

BPSC Merit No./SI No

BPSC registration No:

Specialty posting:

e.g.: ICU/CCU/Cardiovascular/Child/Psychiatricnursing ect.

Mailing Addresses

	Present	Permanent
Village/House/Road	_____	_____
Division	_____	_____
District	_____	_____
Thana/Upazilla	_____	_____
Post Office	_____	_____
Postal Code	_____	_____

বিঃ দ্রঃ

ফর্মেরপ্রথমেইবর্তমান কর্মস্থলেরনামএবং কর্মস্থলের জেলারনামলিখতেহবে। যে সব জায়গায়(Tick) লেখাআছে সে সব স্থানেসঠিকঅপশনেটিকচিহ্নদিতেহবে।

General Educational Qualification

Level of Education (Please tick your desired option)	Board	Division/CGPA	Year	Country
1	2	3	4	5
SSC/ O Level/ Dakhil/ Equivalent				
HSC/ A Level/ Alim/ Equivalent				

Professional Educational Qualification

Level of Education	Institute/College/University	Division/Class/CGPA	Year	Country
Diploma in Nursing Science and Midwifery				
B.Sc in Nursing				
If others, specify: _____				

BNMC Registration Information

Type of Registration (Please tick your desired option)	Reg. Number	First Issue Date dd/mm/yyyy	Last Renewal Date dd/mm/yyyy
Diploma in Nursing Science and Midwifery		/ /	/ /
B.Sc in Nursing		/ /	/ /
Specialty (Specify): _____		/ /	/ /

BNMC Registration Information টেবিলে বিএনএমসি থেকে বিভিন্ন বিষয়ের উপর প্রাপ্ত রেজিস্ট্রেশন নাম্বার, ইস্যু এবং নবায়নের তারিখ লিখতে হবে।

Service Particulars

Date of Appointment

(Day)	(Month)	(Year)			

G.O. No. of Appointment _____

Date of Joining

(Day)	(Month)	(Year)			

G.O. No. of Joining _____

Designation	Workplace Category**	Name of workplace & District Name	Pay Scale	Basic Pay
1	2	3	4	5
Senior Staff Nurse				
**Workplace Category	MCH=Medical College Hospital, MI=Medical Institute, H=Hospital & District Hospital, DC= Dental College, DDHO= Divisional Director Health Office, CSO=Civil Surgeon Office, CDC=Chest Diseases Clinic, NI=Nursing Institute, NC=Nursing College, MFPC= Model Family Planning Clinic, UHC=Upazilla Health Complex, RHC= Rural Health Complex, USC=Union Sub Center			

Signature of Employee _____

Date: 30 Oct 2018